



One Billing Solutions

YOUR ONE STOP SOLUTION, FOR MEDICAL BILLING

RATE CHANGE REQUEST

CLIENT NAME _____

REQUESTORS NAME _____

When determining your billing rates, take into consideration all of your expenses including daily, annual, depreciated and future capital costs. Your service may charge any rate amount appropriate to your service's financial needs. If your current rates are higher than the new rates below, your rates will not be adjusted. You must sign and provide your effective date below before the changes will be made.

HCCPS/DESCRIPTION	INDUSTRY RATE RANGES	NEW RATE	OLD RATE
AO425: Ground mileage	\$16.35 - \$25.07	\$ 23	\$ 23
AO426: ALS Non -Emergency	\$752.10 - \$1,510.47	\$ 1,375	\$ 1,250
AO427: ALS Emergency	\$814.78 - \$1,742.37	\$ 1,551	\$ 1,410
AO428: BLS Non-Emergency	\$532.74 - \$1,341.25	\$ 1,133	\$ 1,030
AO429: BLS Emergency	\$589.15 - \$1,475.32	\$ 1,254	\$ 1,190
AO433: ALS 2	\$915.06 - \$2,281.37	\$ 1,936	\$ 1,700
AO434 SCT	\$1,065.48 - \$2,381.65	\$ 2,100	None/Current
TNT	\$125.35 - \$188.03	\$ 175	\$ 175

Are your ambulance rates set by ordinance? _____ Yes _____ No (If Yes, send a copy of the ordinance.)

Signature of Requestor

Date